

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. VIII.

LOUISVILLE, NOVEMBER 22, 1879.

No. 21.

R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

Two hundred and eighty-nine prisoners in the penitentiary at Frankfort are down with diarrhea. A communication between the drains and the water-supply of the institution is supposed to have caused the outbreak. Meanwhile the Kentucky Penitentiary is the most disgraceful affair on top of the civilized earth, and it behooves every doctor in the state to hammer this fact into his representative as far as he may be able to do so. There is no sentimentality in being disgusted at the terrible accounts which reach us of the misery, disease, and death springing from the filthy, overcrowded, and generally ill-conditioned prison-house with which the parsimony of our legislators has disgraced the state. No doctor should join in the hue and cry raised by a certain portion of the political press against the governor for his very proper efforts to mitigate the evil.

THE chair of Surgery in the Kentucky School of Medicine has been filled by the election of Dr. M. Kempf, of Ferdinand, Ind. Dr. Kempf is favorably known as a surgeon, and has contributed a number of interesting papers in his specialty to this journal.

THE Michigan Medical News asked for suggestions looking to the relief of the profession from the term "allopathy," and a correspondent is of opinion that the term "physiological school," as given to us by Grunvogel, a homeopathic luminary, is just the thing. It would be an excellent thing if the practice of physic could be based on

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physiology and pathology alone, but it is a long way off just now. "Regular" "Rational," or "Decent" seem to be the only proper adjectives to use in connection with the true empiricism of medicine.

THE meeting of the American Public Health Association at Nashville, which adjourned Thursday—thanks to the growing interest in sanitary affairs and the liberality of the railroads—proved a grand success in point of numbers, and, we trust, in something else. We shall present an account of it next week. The meeting for 1880 will be held in New Orleans, though Louisville, from its central position, would have been a better place to secure a large attendance.

THE Canada Medical and Surgical Journal is upset at the remark made by Dr. Yandell, in his foreign correspondence, that the United States is the place for our medical students to study medicine, and that one might as well go to Paris or Vienna to learn morals as the practice of physic. But then there is no one so painfully foreign as your Canadian; and the idea of any thing good—let alone any thing best—in this "blasted country" is to him of course shocking in the extreme. Still they are mighty good fellows over the line.

ACCORDING to Dr. Hyndman, in the Cincinnati Lancet and Clinic, "Evansville has thirty thousand inhabitants and a corresponding number of doctors." We have often wondered what became of the annual crop from the medical schools.

Correspondence.

LEPROSY.

To the Editors of the Louisville Medical News:

Dr. F. H. Enders, of the Sandwich Islands, in charge of the lepers of that region, quotes me from the New York Medical Journal as agreeing with Mr. Erasmus Wilson that leprosy is entirely due to malarial poison. My statement in the LOUISVILLE MEDICAL NEWS, in a letter from London of July 26th, is that "leprosy and pellagra are developed by the malarial poison of a virulent form in hot climates in persons of scrofulous diathesis; bad food, bad ventilation, alcohol in excess, and other depressing agents often assisting in the production of the disease. Mr. Wilson's opportunities for seeing and studying leprosy have been abundant, and his opinions on all medical matters are worthy of the highest consideration." My own observation of leprosy is confined to six cases, having seen one in Paris since my letter was written. My opinions are based upon these cases.

Dr. Enders asks how the prevalence of leprosy can be accounted for in the Sandwich Islands, where the "usual manifestations of malaria, such as intermittent and remittent fevers, are rarely encountered." It is incorrect to say that intermittent and remittent fevers are the usual manifestations of malaria, meaning thereby the most frequent. They are simply the most commonly recognized. But the masked forms of malarial disease are innumerable, and are infinitely more frequent than the plain remittent or intermittent fevers. It is sadly true that masked intermittents in the form of acute skin-disease, and in gynecological, otological, ophthalmological diseases, etc., are very generally overlooked by the profession, and it has been a chief object of the writer for some years past to direct attention to this fact.

Dr. Enders does not deny the prevalence of malarial poison in the Sandwich Islands, and it is well known that this poison is rife there.

Dr. Enders's interrogatory is one of the many questions in medicine beyond the power of man to answer. We know that the manifestations of the malarial poison differ widely in different countries, likewise in the same country in different seasons, and also not infrequently in the same country in the same season. A short while since

in this city two cases of facial erysipelas, three cases of acute otitis, several nasal catarrhs, and several cases of acute dysentery came under my observation within a couple of days, all presenting marked symptoms of malaria, and all promptly yielding to the same treatment that I would use for intermittent fever. In some seasons we find boils prevailing as an epidemic; the same is true of felons, of impetigo, eczema, etc., just as it is of periodical diarrheas and plain intermittents. Why this should be so no one can tell.

I learned from Mr. Jonathan Hutchinson, in London, one of the highest dermatological authorities, that he considers the eating of fish the cause of leprosy. Dr. Enders's belief that leprosy is contagious and inoculable is not entertained by any modern authority. That it is hereditary no one doubts.

We hope Dr. Enders, who has under his charge nearly a thousand cases of leprosy, will favor the readers of the NEWS with his views *in extenso* on this subject at an early day.

LUNSFORD P. VANDELL.

LOUISVILLE.

To the Editors of the Louisville Medical News:

In your issue of the 8th instant Dr. L. S. Oppenheimer gives what purports to be a "Simple Perfected Test for Sugar." For the benefit of those of your readers who do not keep posted on chemical matters, I will say that Dr. Oppenheimer's test was published five years ago by Prof. W. S. Haines, of Chicago. Wheeler, in both his Organic Chemistry and Medical Chemistry, gives the test, crediting it to Haines. Dr. O. acknowledges that he owes to Haines the suggestion which led him to perfect his test; urging against Haines's test that it is not a quantitative test, decomposes, etc. Even a tyro in chemistry knows that any copper test for sugar which can be used for qualitative purposes can also be used for quantitative determinations, the same principle being involved in each case.

Prof. Haines writes me as follows: "The first account of my improved test for sugar was published in the Chicago Medical Examiner, December 1, 1874. I had then been using the test for somewhat more than two years. I employ the test for quantitative purposes. The formula I usually adopt is Fehlings, substituting for the tartrate an equal quantity of glycerine by measure or double the quantity by weight; also substituting liquor potassæ for the soda solution." Dr. O. has simply varied the proportions of

copper sulphate and glycerine, which certainly does not justify him in calling Prof. Haines's test "*my test*."

The doctor is not clear in the description of the test; *e. g.* after stating "the impossibility of finding sugar if albumen be present or the urine is alkaline" with any of the copper tests, he says, "None of these are obstacles to the qualitative application of my test;" yet when describing the test he says, "Ammoniacal or albuminous urine will not interfere with this reaction if a drop or two of a weak solution of bichromate of potash be added before testing." Then, after detailing the manner of using the test for quantitative purposes, he says, "Albumen interferes with this test, and must first be removed by coagulating with acetic acid," etc. According to Dr. Oppenheimer's own showing, the test is not perfect, and it most certainly is not original.

J. B. MARVIN, M. D.

LOUISVILLE.

Reviews.

Diseases of Women. By LAWSON TAIT, F.R.C.S. Second edition, thoroughly revised and enlarged. Specially prepared for "Wood's Library." New York: Wm. Wood & Co. 1879.

This is the latest of Wood's Library edition. It is equal to most of its predecessors. It is scarcely possible that the whole of practical gynecology can be put into one hundred and eighty-six pages; but with the exception of the major surgical operations, which are absent here, this book will be found a pleasant guide in some parts of gynecology. A praiseworthy feature is the reduction of heartrending technicalities to a minimum. The faults are the absence of good woodcuts, the condensed and careless form of writing, making ready reference impossible, headings and index to the various diseases being entirely absent.

The last two pages are devoted to the description of a substitute for sponge- and sea-tangle tents. It consists in dilating by continuous elastic pressure by means of boxwood or ivory conical plugs of various graduated sizes. The smallest is two inches long, three sixteenths of an inch thick at the apex and half an inch at the base. The largest is two and a half inches long, nine sixteenths of an inch in diameter at the apex and one inch at its base. All these plugs screw on a common stem seven inches in length. The stem rests on a bandage fastened before and

behind to a waist-belt. Any amount of desirable pressure can be made upon the stem by loosening or tightening the bandage. "The only caution needed," Dr. Tait states, "is to use a very gentle pressure, the only evidence being that the patient is not in pain." In an hour or two the plug is found buried to the hilt; the next size is then inserted, and so on until the necessary dilatation has been accomplished. The long plugs should have a cap at their bases to prevent their entering too far and impinging upon the fundus. This method of dilating the cervix seems to us much less open to danger than that of forcible rapid dilatation, or even than that by means of sponge tents or laminaria. The only objection to Dr. Tait's method that we can see is suggested by himself; that is, in severe flexions, the force being exerted in a different direction from that of the uterine axis.

The objections to the usual methods now applied are very numerous, and are familiar to every practitioner who has made any extensive use of either. The pain, inconvenience, fetid discharges, and after-dangers are only universal objections; and it is by no means uncommon, after having kept a patient in bed several days, inserting sponge tents each day, for the physician to be unable to insert his finger further than the os internum, and give up the examination in disgust, feeling that he has neither benefited his patient nor himself.

L. S. O.

A new Medico-Chirurgical Encyclopedia. Real Encyclopädie der Gesammten Heilkunde, Medicinische-Chirurgisches Handwörterbuch für Praktische Aerzte. HERAUSGEGEBEN VON DR. ALBERT EULENBURG, Professor an der Universität Griefswald. Urban & Schwarzenberg, Wien. 1880.

The first pages of this book have just appeared, and our opinion is asked about them. We are promised about twenty-five thousand pages of encyclopedia, or about two hundred and fifty to three hundred pages monthly until the demand has ceased. If the little volume before us is a fair sample of what is coming, we are certain that this encyclopedia is a *real* one, as its name indicates. It is not a competitor of Ziemssen, because in the editor's preface he mentions all the other European encyclopedias since 1812 except Ziemssen's. This fact is noteworthy, because Ziemssen is getting out of date, and many of its subscribers are dead, and others wish they had died before the—etc. Therefore a new encyclopedia is gen-

erally needed, especially at this moment, when medicine and surgery have reached that point at which they *may* be called "science."

But really the writers in this encyclopedia are nearly all practical men of world-wide reputation, and their names alone are a guarantee of the excellence of what is coming. The contents of the first book are handled in an entirely practical manner, particularly the articles upon Abdominal Typhus, Abortion, and Abscess. The prolix pathology, literature, etc. of Ziemssen's work are absent here, and therefore will suit the taste of the American physician better. A superfluity is the description of European bathing-places and mineral waters; but we doubt not that if the encyclopedia be translated into English these will be omitted. We predict for this encyclopedia a deserved success.

L. S. O.

Books and Pamphlets.

A NEW THEORY IN THE MECHANISM AND PROPER TREATMENT OF UTERINE DISPLACEMENTS. By Geo. Cowan, M. D., Danville, Ky. Read before the Kentucky State Medical Society. Reprint from American Practitioner.

The Louisville Medical News.

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Miscellany.

THE HISTORY OF AUSCULTATION. — Prof. Jas. T. Whittaker, in the Medical Record:

The discovery of auscultation is an exception in the history of medical discoveries. Of most of them, it may be said, they were developed by evolution. By line upon line they are written. The final revelation to decipher and illumine the entire text is a nat-

ural and necessary sequence, and the period of its disclosure is a mere question of time. But it was different with auscultation. It came all at once. There was nothing known of it for thousands of years, when with the advent of one man it came. Auscultation was the creation of Laënnec. The value of it has been disputed, but never its authorship. Percussion, the sister of auscultation, was mature already when auscultation was born. Some mode of percussion had been practiced since the time of Hippocrates. Preceding the publication of Laënnec, in 1819, there are only intimations of the possibility of auscultation, and these have been hunted out of musty volumes only within the last few years. All the glory of auscultation belongs to René Théodore Hyacinthe Laënnec; and the history of it, like the history of a nation founded by a great king, is in large measure the history of an individual.

Laënnec would probably never have discovered auscultation had he not been a pathologist first. It was at the time when clinicians were just beginning to look on diseases as lesions of organs. Laënnec was looking at the lesions in the lungs after death. He was at work upon a classification of diseases based on anatomical lesions, limiting himself, however, to diseases of the chest, which always seem to have had for him especial attraction. For eighteen years he worked in the field of pathological anatomy before the clinical fruits of it were ripe.

Laënnec was born in a little country town, Quimper, of Brittany, in the year 1781. He was raised by his uncle, a physician at Nantes, and came to Paris to prosecute his studies very young. His first public allusion to his work was in 1815, when he called the attention of the Paris Academy to the value of auscultation in a case of hydrothorax which he presented. It is supposed from the character of this case that his first intimation of auscultation was derived from the old Hippocratic succussion which has now fallen into disuse. But Laënnec had shown signs of talent long before this in works on Hippocrates and on entozoa.

It does not seem strange that auscultation of the lungs should have been discovered after and in consequence of auscultation of the heart; for the recognition of the tumultuous action of the heart had attracted the attention of even Hippocrates; and it was his custom, as it was the custom of all his followers, to put the hands over it—that is, to practice palpation—in diagnosis of its

condition. It is established by his writings that Hippocrates even put his ear upon the chest in his endeavor to recognize the condition of the heart; but, with the exception of a record by a single observer, nothing more was written of auscultation up to the time of Laënnec.

Laënnec's friend, Bayle, who had recently written the best work extant on tuberculosis, had called his attention to the ease with which the sounds of the heart might be recognized by the ear in cases where the hand might fail in appreciation of them on account of embonpoint or surface dropsy. Just such a case presented itself to Laënnec in the person of a young lady, and the reserve which this case imposed led him to roll up a piece of paper in the form of a cylinder, that he might practice mediate instead of immediate auscultation. To his great surprise the sounds of the heart, instead of being diminished, were intensified. It now occurred to him to extend his observations to ascertain the state of the lungs, the voice, the pleura, and pericardium. This was the birth of auscultation. It was in 1816; Laënnec was just thirty-five years of age. He worked with his new discovery three years, having been appointed in the meantime physician to the Hospital Necker, and then, in 1819, he published the first edition of the work which has since immortalized his name. It is in two volumes, and is entitled *De l'auscultation médiate ou traité du diagnostic des maladies des poumons et du cœur fondé principalement sur ce nouveau moyen d'exploration.*"

In 1823 he established his clinic at the Charité; in 1826 he became Professor of the College of France, Professor of the Faculty of Medicine of Paris, member of the Academy, etc.; and in the same year, in the act of publishing the second edition of his work, he fell a victim to the disease, phthisis, the recognition of which he had done more to establish than all his predecessors.

Laënnec's stethoscope was a curious piece of mechanism. It was a wooden cylinder a foot and a half long and an inch and a half thick. It was perforated throughout its length by a canal one fourth of an inch in diameter. The bottom of it was hollowed out like a funnel. For convenience of package it was made of two pieces screwed together in the middle.

THE medical societies of North Carolina and Rhode Island have admitted women to membership.

NEW PROCESS OF EMBALMING.—Mr. Kreisman, United States Consul-General at Berlin, in a dispatch to the Department of State dated 30th of October, communicates a description of a newly-discovered process for embalming or preservation of dead bodies. The inventor, it appears, secured a patent for the process; but the German government, conceiving a high appreciation of the importance of the invention, induced him to abandon his patent, and immediately after the government made public through the press a complete description of the process as set forth in the letters patent. The following extracts are translated from the publication, by the Prussian Minister of Public Worship, as given in the German newspapers at Berlin: "The dead bodies of human beings and animals, when treated by this process, fully retain their form, color, and flexibility, even after a period of several years, and may then be dissected for purposes of science or criminal jurisprudence. Decay and all offensive odors are completely prevented, and upon an incision being made the muscles and flesh present the same appearance as in the body of a person recently deceased. Preparations made of several parts—such as natural skeletons, lungs, entrails, etc.—retain their softness and pliability. The liquid used is prepared as follows: In three thousand grams of boiling water are dissolved three hundred grams of alum, twenty-five grams of cooking salt, twelve grams of saltpeter, sixty grams of potash, and ten grams of arsenic acid. The solution is allowed to cool and filter. To ten liters of this neutral liquid, which is colorless and odorless, are added four liters of glycerine and one of methylic alcohol. The method of preserving or embalming dead bodies by means of this liquid is simple, and consists, in general terms, of a saturation and impregnation of the bodies. From one and a half to five liters of liquid are used, the quantity depending upon the size of the body."

AN AMERICAN NEED.—The French are afraid that the invention of their countryman, M. Guillotin, for the extermination of criminals, may be supplanted by that of an American named Packard, who has devised a box in which the criminal is rapidly asphyxiated by carbonic oxide gas.—*Chicago Med. Jour. and Exam.*

[Either of these methods would do immense good in this country if they could only be brought into frequent use. This kind of population depletion is much needed.]

FEES.—The subject of fees is one that can not be avoided. The court physician and the humblest practitioner have to consider these things in reference to this subject: the dignity of medical service in general, the value of the particular service he has rendered in any given case, and the means of the patient. These three elements enter into the question of what is a proper charge in each case. As no individual case is exactly like another, either in nature or circumstances, it results that it is a difficult thing to name dogmatically a fee that should be charged. Notwithstanding this, it is very useful to have a standard or tariff by which to be partly guided. A very good standard of this sort has been published for some years past by the Manchester Medico-Ethical Association. The charges are moderate and reasonable, based on the rental of the patient's house. They are divided into four classes: (1) Where the rental is from £10 to £25; (2) from £25 to £50; (3) from £50 to £100; (4) above £100. It is urged with great propriety by the Association that in all cases medical men should base their title to remuneration not on *medicine*, but on the value of their time and skill. *It enjoins men of age and standing to hold high the value of medical service by raising their fees above those of the tariff*; while at the same time it suggests to those who are called to attend the poor to consider their case, and to abate even the lowest charges in the scale if need be. It recommends in the latter case the taking of ready money, or of monthly accounts, and in all cases, at the most, quarterly accounts. This is an admirable suggestion. Medical accounts would be paid much more frequently and much more cheerfully if they were sent in oftener and nearer in point of time to the service to which they have relation.—*Lancet*.

CULTIVATION OF THE CASTOR-OIL BEAN.—The Kansas Agricultural Report has an interesting paper on castor-oil-bean culture, by the Hon. Edw. Ballaine, which is reprinted in the Scientific American Supplement of July 26th. According to this writer, the *Ricinus communis* does well in the gray soil of Kansas valleys; and though they do not grow so tall, they appear to produce better than upon limestone soil. The ground was plowed in winter, from eight to ten inches deep, and marked as for corn, four feet apart. When weeds began to appear, cross-furrows four feet apart were made with a shovel plow, and two beans were dropped by hand at the

intersection of these furrows, and were covered lightly with dirt by means of the foot. The crop was afterward plowed or cultivated four times, the last plowing being about the first of July, the plants having thus grown three to four feet high.

The spike is ripe as soon as one or more bolls upon it have turned brown upon it or opened, and not before; the center spike ripening first, then the second set, and so on. By experience the picker soon distinguishes them, both by the color of the spike and by the touch. The former is of a darker green and somewhat glazed. When growing the bolls are covered with a hairy coating, which is soft to the touch; but when the spike is ripe this turns stiff and bristly, indicating that the spike, having ceased to absorb from the parent plant, is now drying up, and of course is ripe. Amateurs should never cut a spike till some of the bolls have expelled their fruit. After the first picking, two wagon-loads per hand were gathered per day; and each wagon-load of spikes, well tramped, equaled twenty-two bushels of corn, and yielded five and one half to six bushels of beans. Picking commenced the 15th of August, and was repeated on the 1st of September, and each ten days thereafter, ending on the 6th of November, although it should have been done once more.

In order to "pop" the beans, old hay and flax straw were placed to the depth of a foot or more upon a piece of unbroken ground, and were burned toward the windward, thus destroying the grass and tufts of weeds, leaving the ground entirely smooth and hard, and needing only to be swept. A space of twenty feet square will suffice for an acre of beans. The beans are unloaded with a pitchfork in piles of a wagon-load. The next day the spikes are spread evenly, so that they consist of a single layer. Five or six days of dry weather are required to open the pods. When sufficiently dry, the bursting of the pods is aided by going over them with a two-horse roller drawn by unshod horses. As the pods rupture, the beans are expelled to a distance of a few feet. The spikes are then raked off; the beans and husks are swept and scraped together, after which they are fanned and also screened to separate the dirt. The unopened bolls are again exposed to the sun, fresh spikes are added, and the process repeated.

Twenty-three and a half acres of ground yielded about fourteen bushels of beans to the acre, not counting eight to ten beans—oftentimes more—to every foot of ground

which had popped out before picking, and which were not recovered. Three laborers, who were paid forty cents per day each for twenty-five days, with one hand at fifteen dollars per month, and two months and a half, made the total expense for collecting \$67.50.

This being an experimental crop, the gain was not so great as would have been the case with more experience, and a yield of twenty bushels per acre is presumed to be a reasonable average to expect.

Two quarts of seeds are sufficient to plant an acre. Great care should be used in selecting seed from the same picking and even from the same set of spikes. The seed used on this occasion were from a miscellaneous lot, and came up, grew, and ripened very unevenly. They should always be thinned to one in a hill. From four to five feet should be allowed between rows. A bushel of prime seeds yields, under a hydraulic pressure, two gallons and three pints of oil; with a screw press, about two gallons. The demand for this oil, for lubricating purposes especially, has very considerably increased within the past year.

Until 1874 twenty-five per cent of the beans used in this country were imported from India. None are imported now. Manufacturers claim that exportation of oil can not take place until beans can be had for fifty cents a bushel. St. Louis is the center of castor-oil manufacture in this country.

The writer states that during the planting the children engaged ate a few beans (some ate as many as a dozen) after pulling off the hull, and suffered from sensations of nausea. The horses engaged in the cultivation suffered no ill effects. Care was taken not to feed in a wagon-box which had contained shelled beans. Grasshoppers will not touch the plant, and chinch-bugs will not even cross a field containing them. Heavy rains do not injure the plants, nor do they fail to mature well in a drouth.—*New Remedies.*

MILK AND DIPHTHERIA.—Mr. E. L. Jacob, medical officer of health for Surrey United Sanitary District, in his annual return for 1878 to the Epsom authority, shows pretty clearly that milk was the cause of a severe epidemic of diphtheria which occurred at Leatherhead, commencing in January, and persisting, as it appears, to November. There were altogether fifty-five cases in thirty-six houses, and five deaths; eighteen were adults, of whom two died, and thirty-seven children, of whom three died. The infected

houses were situated in all parts of the village and in every variety of soil. Each had its own well, and about half drained into separate cesspools. Schools played no conspicuous part in the epidemic. Out of about five hundred and thirty inhabited houses that exist in the parish, two hundred and eighty were supplied with milk from *one* dairy-farm, whereas the others were supplied from other sources. Thirty families had suffered from the disease up to the end of September, and twenty-nine of these were using the milk, one being supplied from a private dairy. It appeared, therefore, that of the two hundred and eighty households supplied from the farm, one hundred and two and a half per thousand were attacked. Mr. Jacob, from whose very concise report the above remarks are almost exclusively taken, says: "Upon visiting the farm I could not ascertain that any of those employed in the cowsheds or dairy had had any throat illness before or during the epidemic. All the cows were and had long been in good health. The water in use at the dairy was derived from a soft-water tank, and had at times smelt offensively. (A large quantity of black deposit was removed from the bottom of the tank when it was emptied on September 30th.) The pipe from the sink at which the milk-cans were cleansed was not properly trapped and disconnected, but no bad smells had been detected from it." But, unfortunately, Mr. Jacob tells us that he can not say "how the milk became polluted or infected." So far the inquiry is manifestly imperfect, although the complete way in which the one-portal system of infection is here traced out is remarkably concise and very creditable to the industry of the officers engaged in the business.—*Lancet.*

MEDICINES BY GALVANISM.—Ever since the day of Sir Humphrey Davy the possibility of introducing medicines into living bodies has been thought to be possible, and perhaps even done. At least certain salts in solution, under the influence of an electric current, have been decomposed, and their elements found at the positive and negative poles respectively, having been made to pass through living tissues which composed part of a closed circuit of the galvanic arrangement. But to deposit medicines is somewhat different. Instead of going through they must be dropped on the way. To do this appears to have been thought a difficulty. Herman Munk has discovered that the failure is because the current was in only one

direction. He found that if a moist, porous body, between liquids of various conductivity, be traversed by the current, the speed of the conveyance of the liquid into this body rapidly diminishes and becomes soon at zero. If, however, the current is reversed after a short interval, the liquid enters anew from the now positive electrode. By repeating this alternation large quantities of the liquid can be introduced. In this manner Mr. Munk has introduced fatal quantities of strychnia solution through the unbroken skin of dogs, and has introduced quinine and iodide of potassium into his own arm in such quantities as to be readily detected in the excreta. The essential points, therefore, in such operations are that the liquid substance be placed at both electrodes, and that the direction of the current be frequently reversed.—*Druggists' Circular.*

A MICROSCOPIC SERENADE.—By Jacob F. Henrici, in *Scribner's Monthly*:

O come, my love, and seek with me
A realm by grosser eye unseen,
Where fairy forms will welcome thee,
And dainty creatures hail thee queen.
In silent pools the tube I'll ply,
Where the green conserva-threads lie curled,
And proudly bring to thy bright eye
The trophies of the protist world.

We'll rouse the stentor from his lair,
And gaze into the cyclops' eye;
In chara and nitella hair
The protoplasmic stream descry,
Forever waving to and fro
With faint molecular melody;
And curious rotifers I'll show,
And graceful vorticellidæ.

Where mellicertæ ply their craft
We'll watch the playful water-bear,
And no envenomed hydra's shaft
Shall mar our peaceful pleasure there;
But while we whisper love's sweet tale
We'll trace, with sympathetic art,
Within the embryonic snail
The growing rudimental heart.

Where rolls the volvox sphere of green,
And plastids move in Brownian dance—
If, wandering 'mid that gentle scene,
Two fond amoebæ shall perchance
Be changed to one beneath our sight
By process of biocrasis,
We'll recognize with rare delight
A type of our prospective bliss.

O dearer thou by far to me
In thy sweet maidenly estate,
Than any seventy-fifth could be,
Of aperture however great!
Come, go with me, and we will stray
Through realm by grosser eye unseen,
Where protophytes shall homage pay
And protozoa hail thee queen.

GRATUITOUS SERVICES.—The people who pay are always grateful. The thieves are like other deadbeats—abusive and always the most exacting and querulous. Having in a long time of practice, both from choice and from necessity, done a great deal of gratuitous service, amounting to thousands of dollars, I have yet to find a single case where my charity work was appreciated. It is the doctors themselves, who allow their kind feelings to overrun their judgment, that are responsible for the wholesale robbery to which every doctor in the land is subjected. We deal with the most afflicted; so does the undertaker, who is not expected to work for nothing. We can maintain no rights that we weakly yield to extortion. The doctors are most universally regarded as rich persons, who ride about for exercise and practice for philanthropy, to be paid if every thing turns out lovely.—*Writer in the Canada Lancet.*

GYNCOLOGICAL ABSURDITIES.—Twenty years ago every woman imagined that she had ulceration of the womb, and of course every medical aspirant for fame insisted on a peep at that organ through the speculum. Five years later they imagined that their wombs did not hang right; and through the influence of the misguided enthusiast, Dr. Hodge, who had revived an old and long-forgotten idea, the young practitioner was inclined to make a toy-shop out of every woman's vagina. Our instrument-stores are full of pessaries, and it is very entertaining to see the ingenuity displayed by some of our brethren of a mechanical turn of mind in varying their size and shape. We might well suppose that no two vaginas were constructed upon the same plan if we did not know to the contrary.—*Dr. Kennard, in St. Louis Med. and Surg. Jour.*

THE STEM PESSARY.—Dr. H. J. Garrigues reports, in the *American Journal of Obstetrics*, another "case illustrating the danger of stem pessaries." The patient had pelvic peritonitis, ending in an abscess and cystitis, resulting from the pessary, which had only been worn one day and night. Dr. T. G. Thomas admits its use only in rare cases of flexion. Emmett states that it is a "most irrational instrument, and its application will sooner or later, in almost every case, result in mischief." Peaslee objects strongly to its use except in some very rare forms of ante-flexion. Tait uses strong language against its use. Dr. M. A. Pallen relates two cases

of death caused by the stem pessary. One case died of perforation of the uterus and resulting metropéritonitis. The other was impaired by the pessary in consequence of a fall. The general verdict is that it is not a safe instrument in the uterine cavity.

A PATTERN TO YOUNGER MEN.—The venerable Prof. S. W. Gross contributes to the last number of the American Journal of the Medical Sciences two original papers, both of deep research and great surgical interest. One is entitled A Contribution to the Study of True Adenoma of the Mamma, the other is an elaborate and lengthy treatise on Sarcoma of the Long Bones. Yet nothing is more common than for physicians in ordinary practice to say they "have no time to write." In his autumnal years Dr. Gross still follows out the rule of life that has made him what he is, for his whole career but exemplifies the fact that "labor is the only road to greatness."—*Western Lancet*.

[It happens, however, that "Prof. S. W. Gross," who is the eldest son of Prof. S. D. Gross, is in about his four-and-fortieth year, and is hardly a candidate for "venerable" honors.]

QUOTATIONS FROM THE TALMUD ON MEDICAL MATTERS.—Mr. Magnus, sr., of Berlin, publishes in the *Deutsch. Archiv. f. d. Geschichte d. Medicin* the following passages from the Talmud:

At the head of all diseases am I, the Blood; at the head of all remedies am I, the Wine.

Eat hearty: You will feel its effects when walking.

A drop of cold water mornings (in the eye), and washing the hands and feet in the evening, are better than all eye-salves.

Before a distant physician may arrive the eye may become blind.

Badly off is the town whose physician has the gout, and whose oculist only has one eye.

Honor the physician before you need his services.

A physician who makes gratuitous cures is of no account.

The door which is closed to prayers for alms opens for the physician.

INTRA-UTERINE MEDICATION BY IODIZED PHENOL.—Dr. Robert Battey read a paper with this title before the American Gynecological Society. He recommends a solution of two parts iodine to eight of carbolic acid.

Selections.

The Hot-water Douche in Parturition.—The condition in which we get the most signal effects from the douche is that of uterine inertia after the placental delivery, and in this condition I am inclined to think that we have an absolutely reliable agent to control bleeding—an agent which may reduce the terrors of postpartum hemorrhage and make its fatal termination an almost impossible event if applied at any time while power of reaction is not entirely exhausted. The dangerous use of iron and other styptic injections will then be without excuse, and the study of prophylactic measures a matter of little moment.

For this purpose no other apparatus is needed than that already described. Special tubes are not required. The ordinary vaginal nozzle of the Davidson syringe, prepared as before suggested, will be found as useful as any other. In applying it the patient is turned upon her back. If a pan is at hand it should be used; but if not, the urgency of the case requires that there shall be no delay. The water is placed in a vessel—preferably a small pitcher or deep basin—to the bottom of which is dropped the supply-tube, and carefully held there, that no air may be drawn into the instrument. If carbolic acid or other disinfectant be at hand put a suitable quantity into the water (of carbolic acid two fluid drams of ninety-per-cent solution to the pint; of Labarraque solution one half fluid ounce; if neither of these, a tablespoonful of common salt may be quickly dissolved). The temperature may be guessed at by the accoucheur if no thermometer be had, or, if the case is very urgent, letting it be just hot enough not to be painful to the hand. The nozzle is then carried, upon the index-finger of the hand corresponding with the side of the patient toward the operator, to the vicinity of the vulva, the bulb compressed by the nurse or other assistant until all air has been forced from it, then carried into the vagina, while the opposite hand grasps firmly the uterine globe. The fingers in the vagina may be moved about freely to break up clots rapidly, there being sometimes a complete distension of the vagina with firm, hard coagula. The stream is kept up continuously, washing out as fast as the clots are loosened. The nozzle is to be carried to the os uteri and directed into the orifice. If the coagula in the uterus are loose and not abundant the force of the stream may be sufficient without carrying the finger into the uterine cavity; but if the hemorrhage has been great and the uterus largely distended it is better boldly to introduce the pipe, guarded by the finger, and, moving it around gently, let it, with the aid of the stream, detach from the intra-uterine surface all shreds of membrane or small coagula which may be found adherent to the surface, and which, if not removed, will act as centers of coagulation. While this is going on, the hand upon the uterine tumor feels it steadily, and generally instantly contracting, condensing itself into a firm, hard mass, receding completely into the pelvic cavity below the brim. The water passing from the vulva is soon observed to be free from color, and the hemorrhage is arrested. A uterus after such accident ought to be carefully watched and compressed in the hand of the accoucheur or of an assistant until all probability of secondary relaxation is over. Yet so far it has not been found necessary to resort to a second injection. In only two cases since using it has it failed; those

occurred very early in my experience with it, and I believe I only resorted to the use of ice because my confidence in the hot water had not been sufficiently established. Judging from all experience since then, a perseverance with the douche would probably have rendered the ice unnecessary.—*Dr. Albert H. Smith, in Medical Times.*

Treatment of Lumbago.—The best treatment in acute lumbago, at first, is the application of cut-cups to the muscle or muscles affected, to be followed immediately by narcotic fomentations in the shape of a bag of hops soaked in hot water, hot vinegar, or alcohol, and applied directly over the scarified parts. There are various stimulating and anodyne liniments which may also be used, as turpentine, ammonia, and camphor. Opium in the form of a ten-grain Dover's powder, given early, relieves pain and produces diaphoresis. Atropia hypodermically (one eightieth of a grain) is valuable, but must not be given to nursing women. Morphia may also be given hypodermically (except in pregnancy), and these two remedies are usually the best in private practice when cut-cups can not be used. Iodide of potassium, in doses of five to ten grains every three hours, gives very good results. Chronic lumbago is very stubborn. The most useful class of remedies are blisters, sinapisms, the actual cautery, etc. Local friction and massage conscientiously applied are often useful when counter-irritants fail. Tepid water may be applied, either in the shape of wet compresses kept in constant contact with the part, or in the form of a douche falling steadily upon the rheumatic muscles for some time from a height of eight to ten feet. The action of water, though slow, is a very permanent one. After the treatment by douche or by wet compresses the parts should be briskly rubbed with a coarse cloth or a skin-brush, and then covered with cotton or wool or a piece of India-rubber cloth. The use of a metallic brush is sometimes advantageous, and finally tying a cloth over the lumbar regions and ironing them thoroughly two or three times every day, following this up with the application of some stimulating liniment, is often to be advised.—*Hosp. Gaz.*

The Number of Pulsations of the Heart of the Fetus no Index of its Sex.—In the same fetus from one examination to another there are most frequently variations, and sometimes wide variations; *e. g.* B., November 30th, 180 pulsations; December 8th, 138 pulsations; December 12th, 128 pulsations; December 14th, 134 pulsations. Sometimes the observer, keeping his ear for several minutes in succession upon the stethoscope applied to the abdomen of the woman, lying quietly, obtains from one minute to another differences of fifteen to twenty pulsations without his being able to find a cause for these variations, so that one is then greatly embarrassed to determine the average of the pulsations. There is no relation between the weight of the fetus and the number of pulsations. A large number of pulsations does not indicate a small fetus, and a small number of pulsations a voluminous fetus. The proof comes from tables, where the boys and girls have been placed in order of weight. Having ausculted the same infant in the twenty-four hours which have followed delivery, they have found that in a general fashion the number of pulsations of the heart diminishes after birth, without its being an absolute rule.—*Paris Médical, in Archiv. de Tocologie; St. Louis Courier of Medicine.*

Intermittent Hemorrhages Caused by Malaria.—M. Massart (Honfleur) spoke on this topic. He quoted a curious case that had recently come under his observation. A lady who had had a tooth extracted by him told him two days after the operation that she had lost a great quantity of blood by hemorrhage soon after. Two days later she had another hemorrhage, and in spite of all his efforts to arrest it another very considerable hemorrhage took place after an interval of two days more. Struck by the periodical recurrence of these hemorrhages, M. Massart prescribed sulphate of quinine, and the phenomenon ceased. During the discussion which followed, M. Castan observed that similar cases occurred very frequently in Montpellier. M. Baréty said that he had frequently observed pulmonary and uterine hemorrhages of miasmatic origin. The pulmonary hemorrhages differed from hemorrhages that were determined by some other cause, both at their onset and end. The blood began to flow suddenly, without any premonitory blood-spitting or taste of blood in the mouth, which symptoms always as a rule preceded or followed pulmonary hemorrhages in tuberculosis. He added that in all such cases there were more or less slight symptoms of affection of the apices in the lungs.—*From Proceedings of French Association for the Advancement of Science, in British Med. Jour.*

The Migration of Needles that have Penetrated Accidentally into the Human Body, and their Extraction.—M. Milliot (Nice) read a paper on this subject. He suggests that the best method for discovering the exact seat of these foreign bodies, and the direction they are taking, would be the combined use of a galvanometer and a magnet. The latter is to transform the needle into an artificial magnet which may act upon the compass of the galvanometer. After the locality has once been determined, it is easy enough to extract the needle.—*Ibid.*

Perforation of the Bones of the Skull in Cases of Pericranial Tumors.—M. L. H. Petit, in this paper, said that sometimes the perforation extended over a considerable space without causing any particular brain symptoms that might attract the attention of the physician. He then proceeded to give the history of several cases that had come under his own observation. He had arrived at the conclusion that a persistent fixed headache might, up to a certain point, reveal the existence of a perforation, especially if it coincided with other cerebral symptoms. But it was not a pathognomonic symptom, and besides cerebral symptoms had often been observed when there was no perforation at all. In cases which ended fatally after the ablation of the tumor death was either caused by syncope following the operation or by meningitis, which is apt to set in in the course of a few days.—*Ibid.*

Arrowroot for Infants.—Dr. Routh says, in his *Infant-feeding and its Influence on Life*: "I can not conceive of any thing more injurious than arrowroot feeding. I believe that it is a cause of death of many infants." Dr. Davis says, in the *Virginia Medical Monthly*, that there is perhaps no error more common than that of administering to the infant arrowroot, corn starch, tapioca, or other starch foods. Not till after dentition is *diastase* secreted by the salivary glands, and starch food remains in the stomach and intestines non-assimilable as a foreign substance, only disposed to irritate the delicate membranes.

Glycerine as Food.—The solubility of glycerine renders it highly probable that the greater part of that which is taken into the stomach passes rapidly into the blood. A small part may be unabsorbed, and in the lower part of the intestine may undergo fermentation and reduction, with the formation of butyric acid, carbonic acid, etc., although this decomposition can take place only in a neutral liquid—a condition not easy to obtain in the intestine. Gorup Besanez has also shown that in an alkaline solution the action of oxygen in an active state breaks glycerine up into formic, propionic, and perhaps acrylic acids. There is some probability that in the tissues, where similar conditions obtain, the same decomposition may occur, and the intermediate products, propionic and formic acids, may be further oxydized to their ultimate products, carbonic acid and water. Scheremetjewski showed that the ingestion of glycerine causes an increase in the excretion of carbonic acid, which Catillon has affirmed may amount to seven per cent. This increase in the production of carbonic acid must be accompanied by the liberation of its equivalent of heat, and so the generation of heat should be increased by the administration of glycerine. Hence there is the highest probability that glycerine may be of service in this respect, but that it is of no value as a tissue-food.—*Lancet*.

The Necessity of Slow Evacuation of the Distended Bladder.—Why should you withdraw only a part of the urine from an over-distended bladder? Why slowly and gradually? Because experience has taught careful observers that when the contents of a largely-distended cavity in the body are suddenly evacuated the consequences are usually hurtful. For instance, in tapping for ordinary abdominal dropsy, neglect during the operation to use compression with a proper bandage, or the too precipitate withdrawal of the serum, has been followed by the most untoward results, such as syncope, hemorrhage in the peritoneal cavity, and even fatal peritonitis. Profuse hemorrhage also sometimes follows the sudden emptying of large abscesses, of thyroid and other cysts, and of those long-neglected enormous hydroceles of the tunica vaginalis testis. The same almost always occurs when a greatly-distended bladder (in an elderly man) is completely relieved of its contents with too much precipitation. Let me now give you what I conceive to be the correct explanation of such a hemorrhage in the bladder. So long as the bladder remains distended there is no bleeding, but as soon as the urine is drawn hemorrhage begins. The vesical parietes, from having been in a state of extreme tension, in an instant become flaccid; the capillaries of the mucous membrane, from having been greatly stretched and almost emptied, are suddenly gorged with blood, and being deprived of the hydraulic support of the urine which but a moment before braced them up, their delicate walls, unable to resist the increased internal pressure exerted by the circulating blood, give way, and the blood oozes from thousands of little rents on the surface of the vesical mucous membrane. These vesical hemorrhages are often abundant, and have been known to last two and three weeks; but they very seldom prove fatal directly; that is, from the amount of blood lost. The danger lies mainly in the consecutive general cystitis, which can not always be controlled. A septuagenarian suffering from prostatic hypertrophy died from this cause several years ago. The patient had acute retention of urine, with

great distension of the bladder, which was suddenly emptied with the aid of a catheter introduced by his surgeon. Within a few hours the bladder was again distended; this time not with clear urine, but mainly with blood. Each subsequent catheterism brought a great amount of blood, and the old gentleman grew gradually worse, with symptoms of acute general cystitis, and died within ten days.

A safe rule therefore for your guidance in the management of cases of acute retention of urine of forty-eight hours' duration is never to draw off more than one third of the contents of the bladder, and to do this very slowly by half closing the distal end of the catheter, so that the urine will flow in a very small stream. Having collected half a pint, close the catheter for a quarter of an hour, then let another half pint flow, and so on, until the required quantity has been obtained. In two hours repeat the catheterism if the first has been easy—otherwise the catheter should be closed and left in for twenty-four hours—and remove again the same quantity very gradually, and at the expiration of another period of two hours you may completely empty the bladder, always slowly; and in this way you will have taken the necessary precautions to avoid both cystorrhagia and polyuria. Every three hours after the last catheterism the urine should be drawn off until the patient can pass it spontaneously; if he can not do so, of course the catheter will have to be resorted to at such intervals as may be found necessary.—*J. W. S. Gouley, M. D., in Medical Record*.

Substitution of Drugs in Prescriptions.—The practice of substitution of drugs in making up prescriptions is a growing evil, and in some sections has attained such proportions as to seriously attract the attention of physicians. It generally occurs in cases where the druggist has not sufficient stock on hand, either through lack of capital or negligence. Under such circumstances he does not refuse to fill the prescription, but uses his own discretion in selecting some substitute which in his opinion will do equally as well. This may occur hundreds of times without the physician being any the wiser, and perhaps in the majority of cases no positive injury is done to the patient, for in substitution the more potent remedies will be avoided; but at times the omission of an ingredient in a prescription may be criminal, and the most serious results may ensue. This practice destroys the whole value of medication, and places the life of the patient and the reputation of the physician at the mercy of the drug-clerk compounding the prescription.—*St. Louis Courier of Medicine*.

Interstitial Injection of Iodine in Chronic Cervical Metritis.—Dr. J. M. Bennett, of Dublin, states he has tried many operations and cauterizations in these cases without satisfaction, and that the iodine injections "fulfill his most sanguine expectations." He injects the following solution: Iod. and brom. potass., each ten grains; tinct. iodine, one half dram; distilled water, one and a half drams. After the injection a pledget of cotton soaked in glycerine is placed against the part and rest enforced for twelve hours.—*Obstetric Gazette*.

Infant Insanity.—Paulmier, in 1,000 cases of insanity, had ten children; John Turnam, out of 21,333 cases, had eight children under ten years and 1,161 between ten and twenty years.—*Amer. Jour. of Obstetrics*.

The Constitution and Properties of Dialysed Iron.—(M. Personne, *Acad. de Méd.; Lyon Médical*): The ferruginous liquor known as dialysed iron is not a veritable aqueous solution of sesquioxide of iron; it is only a pseudo-solution of sesquioxide of iron modified, differing from the ordinary oxide in that it is insoluble in acids and has less specific heat. It was discovered more than twenty-five years ago by M. Péan de Saint Gilles, and since Graham has proved that this modified sesquioxide of iron is a colloid body; that is to say, not capable of forming a true solution. Its apparent solution does not possess the property of traversing organic membranes. It is insoluble in the gastric juice, and even in the most energetic acids it can not be absorbed, and in consequence is completely inactive. M. Berthelot had nothing to add to what M. Personne had said, except that if he had to choose a preparation which had no effect on the economy he would take dialysed iron.—*Chicago Med. Journal and Examiner*.

[And yet clinical experience daily demonstrates that dialysed iron is one of the most effective and unobjectionable preparations ever produced. The human system is not a chemical laboratory, and therapeutic practice founded on chemical experiments is most fallacious.]

The British Medical Journal of October 11th gives an interesting sketch of the methods of the preservation of subjects in London dissecting-rooms. At Guy's the subjects are injected by the Howse method—glycerine and arsenic—but are afterward put into a carbolic acid solution. At St. Mary's the injecting material is composed of vermilion, arsenic, plaster of Paris, and size. At Middlesex Hospital arsenic in a solution of carbonate of potash was used, the subjects being afterward wrapped in carbolic acid cloths. At University College carbolic acid in glycerine is the injecting material. In other schools chloride of zinc, bichloride of mercury, arsenite of soda, arsenic, creosote, soda, etc. are used in various combinations. Not one of these schools, however, made use of a solution of chloral, as first used by Dr. Keen, of Philadelphia. This is an economical and perfectly satisfactory method of preservation. Under its influence subjects not only remain sweet for weeks, even in warm weather, but the muscular tissue retains its normal flexibility and brightness of color.—*Boston Medical and Surgical Journal*.

Prevention of Mammary Abscess.—Dr. Jamieson says that distension of the milk-ducts from inflammation due to cold caught in early lactation, imperfect formation of the nipple, fissured nipples or localized hyperemias, from constant suckling, in anemic and feeble persons, are the usual causes of mammary abscess. He urges the use of low-cut corsets; wide, easy dresses; attention to drawing out and developing the nipples from the beginning of conception, in addition to the usual means in use after delivery.—*Edinburgh Medical Journal*.

Miliary Tubercle of the Heart, Pericardium, Lungs, Liver, etc. in a Boy of fourteen Years.—This case was reported by Dr. Ernest Gaucher. The heart-lesion was not diagnosed, because of the lung-affection. In the autopsy the endocardium and pericardium were found studded with granules, which the microscope revealed as miliary tubercles. The aorta was atheromatous, a remarkable fact considering the youth of the patient.—*Le Progrès Médical*.

Certain Danger in the Use of Pilocarpine in Puerperal Eclampsia.—M. Sænger (*Arch. f. Gynak.*) reports three cases of eclampsia in which injections of pilocarp. muriat. (one third grain) were used. Although the attacks of convulsions seemed checked, there followed immediately after the injection the most severe symptoms of suffocation, as the result of the patient's inability to expectorate the enormous quantity of mucus and saliva. Two cases out of three died. While he thinks pilocarpine to be a valuable agent in the beginning and in slight cases of eclampsia, he warns us from its use in the latter stages of the disease, when coma has suppressed the action of the reflex centers. During labor, when moaning, restlessness, etc. show the reflex centers to be still active, pilocarpine seems the more useful and recommendable, as its beneficial influence on labor itself has been demonstrated beyond doubt.—*H. B., in American Journal of Obstetrics*.

Ergot is now recommended as a local remedy in catarrhal affections of the eye and throat. In chronic conjunctivitis the strength is 0.65 of the extract to 32 of water, a little glycerine being added to preserve the drug. In throat affections it forms an excellent element in a gargle, or may be applied in combination with the tincture of iodine. In nasal catarrh it may be applied by means of gelatine bougies.—*Boston Medical and Surgical Journal*.

Narcotism from Nutmeg.—Mrs. N., aged thirty-eight, mother of four children, was confined on Sabbath morning, June 29, 1879, at 9 o'clock. The child was a girl, and the largest I have ever seen; weight fourteen and one half pounds. Labor natural and easy. Had a light spasm after the last pain. The spasm was hysterical. On the 30th the "old woman" persuaded her to take nutmeg tea. One and a half nutmegs were used in making the tea, and she drank it during the day. About 10 P. M. she began to get drowsy. By 4 o'clock next morning she was in a profound stupor. At 10 A. M. the narcotic effects of the nutmeg began to die out, and by 4 P. M. she had pretty well recovered. The symptoms were about the same as those produced by opium, and the remedies were the same. I mention this case for the reason that nutmegs are in such general use as a condiment that we may lose sight of their dangerous narcotic tendencies. In twenty-one years' practice I have never seen such a case before; and if I had ever known that the nutmeg possessed such properties it had completely escaped my memory; and for fear some of our numerous professional brethren may be in a like condition I have deemed it proper to mention this case.—*Dr. H. Barry, in St. Louis Clinical Record*.

Ergotin Hypodermics in Epistaxis.—Dr. Porak cites three cases of obstinate nasal hemorrhage, each of which was promptly arrested by a single hypodermic of ergotin. His formula was: Bonjean's ergotin, two grams; glycerin, thirty grams. M. Twenty drops hypodermically in the lip or cheek.—*La Tribune Médicale*.

Salve for Burns, Scalds, etc.—Dr. Brown recommends a salve consisting of eight grams iodoform, three to five grams extract conium, ten drops carbolic acid, and thirty grams cold cream, which is spread upon lint and applied to the wounds twice daily.—*Pharm. Ztschr. f. Russl.*